| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004                                                                                                                                                                                                                                                                                                                                          |                                                |                                             |                                                                      |                                |                                        |                  |    |                     | Application or Docket Number |                   |                         |     |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------|--------------------------------|----------------------------------------|------------------|----|---------------------|------------------------------|-------------------|-------------------------|-----|------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS A                                    | (Column                                                              |                                | (Column 2)                             |                  | _  | SMALL ENT<br>TYPE   | TTY                          | OTHER<br>OR SMALL |                         |     |                  |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                             | ·                                                                    |                                |                                        |                  |    | RATE                | FEE                          |                   | RATE                    | F   | EE               |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                             | SMALL ENT. = \$ 150                                                  |                                | LARGE ENT. = \$ 300                    |                  |    | BASIC FEE           |                              | OR                | BASIC FEE               | 30  | על               |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                             | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                | All other situations = \$ 100 / \$ 200 |                  |    | EXAM. FEE           |                              |                   | EXAM. FEE               | 20  |                  |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                             | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                | All other situations = \$ 250 / \$ 500 |                  |    | SEARCH FEE          |                              |                   | SEARCH FEE              | 400 | -                |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                             | minus 100 =                                                          |                                | / 50 <b>=</b>                          |                  |    | X \$ 125 =          |                              |                   | X \$ 250 =              |     |                  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                             | M minus 20 =                                                         |                                | •                                      |                  |    | X \$ 25 =           |                              | OR                | X \$ 50 =               |     |                  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                             | minus 3 =                                                            |                                | •                                      |                  | 41 | X \$ 100 =          |                              | OR                | X \$ 200 =              |     |                  |
| MUL                                                                                                                                                                                                                                                                                                                                                                                                             | TIPLE DEPEN                                    | DENT CLAIM PRI                              | ESENT                                                                |                                |                                        |                  |    | + \$ 180 =          |                              | OR                | + \$ 360 =              |     | (                |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                        |                                                |                                             |                                                                      |                                |                                        |                  |    | TOTAL               |                              | OR                | TOTAL                   |     |                  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                             |                                                                      |                                |                                        |                  | }  | SMALL ENTITY OR     |                              |                   | OTHER THAN SMALL ENTITY |     |                  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                     | 920/6                                          | REMAINING<br>AFTER<br>AMENDMENT             | <u> </u>                                                             | PREVIO<br>PAID                 | OUSLY                                  | PRESENT<br>EXTRA |    | RATE                | TIONAL<br>FEE                |                   | RATE .                  | ПО  | NAL<br>EE        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                          | 1                                           | Minus                                                                | **                             | The same                               |                  |    | X \$ 25 =           | <b>7</b>                     | OR-               | > X \$ 50 =             | _   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                    |                                             | Minus                                                                |                                |                                        | = <b>/ / /</b>   | N  | X \$ 400.=          |                              | OR                | X \$ 200=               |     |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                                                      |                                |                                        |                  |    | + \$ 180 =          |                              | OR                | + \$ 360 =              |     |                  |
| •                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                             |                                                                      |                                |                                        |                  |    | TOTAL ADDIT.        |                              | OR                | TOTAL ADDIT.<br>FEE     |     |                  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                             |                                                                      |                                |                                        |                  |    |                     |                              |                   |                         |     |                  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |                                                                      | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY                    | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE       |                   | RATE                    | TIO | DI-<br>NAL<br>EE |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                          | •                                           | Minus                                                                | **                             |                                        | 8                |    | X \$ 25 =           | -                            | OR                | X \$ 50 =               |     |                  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | •                                           | Minus                                                                | ***                            | •                                      |                  |    | X \$ 100 =          |                              | OR                | X \$ 200 =              |     |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                                                      |                                |                                        |                  |    | + \$ 180 =          |                              | OR                | + \$ 360 =              |     |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                             |                                                                      |                                |                                        |                  |    | TOTAL ADDIT.<br>FEE |                              | OR                | TOTAL ADDIT.<br>FEE     |     |                  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                             |                                                                      |                                |                                        |                  |    |                     |                              |                   |                         |     |                  |